

# AUTO CR - LOG SUMMARY #1073314

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	BLK		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
11-JAN-2015 06:20 - 11-JAN-2015 06:20	5400 N LINCOLN AVE, CHICAGO, IL 60625	2011	020	280 - POLICE FACILITY/VEH PARKING LOT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	ZARAGOZA, MARTHA	9967		020 /	POLICE OFFICER	OFF Duty	The complainant alleges that on 11 January 2014, Officer Martha Zaragoza #9967 was rude and unprofessional and refused to put his name on the accident report.

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
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## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-FEB-2015 03:00	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	05-FEB-2015 11:36	WATSON, JOHN	POLICE OFFICER	121 /	Admin close. Accused name and star# are on the report
PENDING ASSIGN TEAM	12-JAN-2015 08:07	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	11-JAN-2015 06:52	ABBRUZZESE, WILLIAM	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	11-JAN-2015 06:51	ABBRUZZESE, WILLIAM	INVESTIGATOR 2 COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					ABBRUZZESE, WILLIAM	11-JAN-2015 06:51			
	DOCUMENTS - INTAKE INCIDENT		2		N	WATSON, JOHN	05-FEB-2015 11:35	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Accused Penalty History

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 11-JAN-2015) - LOG #1073314

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	BLK		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
11-JAN-2015 06:20 - 11-JAN-2015 06:20	5400 N LINCOLN AVE, CHICAGO, IL 60625	2011	020	280 - POLICE FACILITY/VEH	PARKING LOT

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	ZARAGOZA, MARTHA	9967		020 /	POLICE OFFICER	OFF Duty	The complainant alleges that on 11 January 2014, Officer Martha Zaragoza #9967 was rude and unprofessional and refused to put his name on the accident report.

## Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
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## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	INTERNAL AFFAIRS DIVISION	-	11-JAN-2015 18:51	ABBRUZZESE, WILLIAM	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	24-FEB-2015 03:00	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	05-FEB-2015 11:36	WATSON, JOHN	POLICE OFFICER	121 /	Admin close. Accused name and star# are on the report
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## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



\*C130063155\*

1 DRAC	2 PEDW	3 TRFD	4 TRFY	5 WEAT	6 CRVA	7 VIB	8 VEHQ	9 LGHT	10 COLL	11 MANN	12 PRA	13 PPL		
INVESTIGATING AGENCY <b>CHICAGO POLICE DEPARTMENT</b>														
37 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500														
TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED														
31 A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash														
33 R.D. [REDACTED]														
14 TRFW 2														
CITY <b>CHICAGO</b>														
COUNTY <b>COOK</b>														
38 DATE OF CRASH 1/11/15														
TIME 5:56 PM														
BEAT OF OCCURRENCE 2411														
39 NUMBER MOTOR VEHICLES INVOLVED 2														
DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/>														
CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 1														
TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR														
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER <input type="checkbox"/> BICYCLIST <input type="checkbox"/> HORSE <input type="checkbox"/> OTHER LAST, FIRST, MI [REDACTED]														
SEX M														
AGE 24														
INJURY 0														
EJECT 1														
STATE IL														
CLASS D														
VEHICLE OWNER (LAST, FIRST MI) [REDACTED]														
INSURANCE CO. Eric Ins.														
OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]														
TELEPHONE [REDACTED]														
POLICY NO. [REDACTED]														
TAKEN TO D-N-A														
EMS AGENCY A														
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER <input type="checkbox"/> BICYCLIST <input type="checkbox"/> HORSE <input type="checkbox"/> OTHER LAST, FIRST, MI [REDACTED]														
SEX M														
AGE 24														
INJURY 0														
EJECT 1														
STATE IL														
CLASS D														
VEHICLE OWNER (LAST, FIRST MI) [REDACTED]														
INSURANCE CO. [REDACTED]														
OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]														
TELEPHONE [REDACTED]														
POLICY NO. [REDACTED]														
TAKEN TO D-N-A														
EMS AGENCY A														
UNIT	SEAT	DOB	SEX	SAFT	JAIR	INM	INJECT	40 PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)					41 (HOSP)	42 (EMS)
2	3		M	9	4	C	1	[REDACTED]					D-N-A	D-N-A
UNIT	EVNT	(MOST)	EVNT	(LOC)	43 DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE
1	1				PROPERTY OWNER ADDRESS			CITY STATE ZIP			PRIMARY 78			
2	1				44 ARREST NAME			SECTION CITATION NO.			SECONDARY 78			
1	1				ARREST NAME			SECTION CITATION NO.			45 DATE POLICE NOTIFIED 1/11/15		TIME NOTIFIED 6:40 PM	WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2	1				46 STAR NO. 9467			47 BEAT 2002			COURT DATE 1/11/15		COURT TIME 6:40 PM	
3	1				SIGNATURE [REDACTED]			48 SUPERVISOR SIGNATURE/STAR NO. [REDACTED]						

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

## 48 DIAGRAM

INDICATE NORTH  
BY ARROW

California

50 NARRATIVE (Refer to vehicle by Unit No.) [REDACTED] Event # [REDACTED] In summary unit #1 hit and struck unit #2 from behind. Passenger in unit #2 reported broken glasses after he was observed by R/O tossed glasses on front desk causing lens to fall off.

59	HIT & RUN WANTED DRIVER	SEX - RACE	AGE	HAIR COL	DISTINGUISHING MARKS / CLOTHING DESCRIPTION
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UNIT NO.	VEH. COLOR

NAFO ONLY	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	IF CASE CLEARED NOW <input type="checkbox"/> ARREST PROSECUTION
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Q1341 ON NO.

COURT RM.	COURT DATE	TIME	AM PM	CHARGES	<input type="checkbox"/> EXG. CLEARED
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SUSPENDED DTIM CANNOT ID OFFENDER  
OULETTER TO CONTACT RETURNED BY POST OFF  
OVER REGISTRATION UNAVAILABLE

☐ NO INVESTIGATIVE LEADS  
☐ WARRANT OBTAINED  
☐ INSUFFICIENT EVIDENCE FOR ARREST

☐ VEH. STOLEN- RD NO.  
☐ OTHER (Specify)

PREPARED BY - SIGNATURE

SEAR NO

DATE (Day-Mo-Yr)

APPROVED SIGNATURE

STAR NO.

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle)

CARRIER NAME

**ADDRESS**

CITY/STATE/ZIP

54 USDOT NO.

ILCC NO.

52 Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

53 Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

55 If yes, name on placard

4-digit UN no. \_\_\_\_\_ 1-digit Hazard Class no. \_\_\_\_\_

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash?  
☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

**Was a Driver/Vehicle Examination Report form completed?**

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

56 IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐

57 TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1	ft	TRAILER 2	ft
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TOTAL VEHICLE LENGTH	NO. OF AXLES
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CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

**MILES N E S W OR CHICAGO**

WHEELS H I L E S W I C H STATION  
CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

### VEHICLE CONFIGURATION

VEHICLE CONFIGURATION	
CARGO BODY TYPE	LOAD TYPE
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
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